Manitoba Nursing Strategy

Five-Year Progress Report

June 2005

Manitoba

Building for the Future

105-05231/

Manitoba Nursing Strategy:

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The Manitoba Nursing Strategy announced March 1, 2000 consists of five targeted areas:

1. Increase the Supply of Nurses
2. Improve Access to Staff Development
3. Improve the Utilization of Nurses
4. Improve Working Conditions
5. Increase Nurses' Opportunities to Provide Input into Decision-Making

Acknowledgements

Manitoba Health would like to acknowledge the contributions of all nursing stakeholders in facilitating the ongoing success of Manitoba's Nursing Strategy. This report outlines achievements in nursing that are only made possible through the collaborative efforts of key nursing stakeholders. Those stakeholders include the regional health authorities, unions representing Manitoba's nurses, Manitoba Advanced Education and Training, Institutes of Nursing Education, and the Nursing Regulatory Colleges. In the report that follows, the actions undertaken to address each strategy are described, and the subsequent effects on the nursing workforce are identified.

Strategy No. 1: INCREASING SUPPLY

Actions:

To improve the supply of nurses, strategies based on the expansion of nursing education programs and aggressive recruitment were implemented.

Nursing Education Initiatives:

2005:

- In May, the Council on Post-Secondary Education (COPSE) approved an additional expansion to the Brandon University (BU) Registered Psychiatric Nursing (RPN) program. The expansion will consist of 20 seats added at the Winnipeg site, implemented over a three-year period. The total funding for the three years is $352,994, plus an extra $10,000 one-time only for equipment.
- In May, the rural Licensed Practical Nurse (LPN) to Registered Nurse (RN) Education Program commenced in Dauphin, Portage and Morden-Winkler.

2004:

- Manitoba Advanced Education and Training expanded the nursing program at Red River College (RRC) by an additional 74 seats. There were 20 seats added to the Joint Baccalaureate of Nursing program (JBN), 30 to the Diploma Nursing Accelerated (DNA) program, and 24 seats allocated for the rural Licensed Practical Nurse to Registered Nurse Education Program.
- This was the first year of graduates, with a total of 13 nurses completing the Francophone Diploma program from the College Universitaire de Saint-Boniface (CUSB).
- This was the first year of a four-year Baccalaureate of Nursing (BN) program offered by Brandon University. Previously, the University of Manitoba (U of M) nursing education program was offered via the BU campus. There were 67 students who enrolled in the first year of the BU program.
- University College of the North (UCN) was given funds from the College Expansion Initiative for a 50-seat nursing expansion.

2001:

- The Brandon University Bachelor of Science in Psychiatric Nursing (BScPN) program was expanded, to include a 20-seat satellite program in Winnipeg.
- The three-year Francophone Nursing Diploma program was established at the College Universitaire de Saint-Boniface (CUSB).

2000:

- To increase the numbers of registered nurses in the workforce more quickly, the "second degree" option was introduced at the University of Manitoba Faculty of Nursing. This option is available to students who have successfully completed a degree in another discipline, enabling them to obtain a BN in an additional two years of university. In the first year, there were 73 students admitted.
- The province introduced a 25-month accelerated diploma program for registered nurses at Red River College. To maintain enrollments, the college admitted LPNs with advanced standing, in order to replace students lost to attrition. There were over 90 students admitted into the RRC program in the first year.

- The number of seats in the Assiniboine Community College (ACC) LPN program were increased from 90 to 190.

Recruitment:

- The Nurses Recruitment and Retention Fund (NRRF) was established in 1999 to recruit and retain registered nurses, registered psychiatric nurses, and licensed practical nurses. In July 2004, the NRRF implemented a Conditional Grant Program to encourage new graduates to consider employment opportunities in rural Manitoba (i.e., anywhere outside Winnipeg and Brandon).
- Through NRRF, nurses relocating to Manitoba and working in a position for a minimum of one year are eligible to receive up to $5,000 to offset the costs associated with moving. In exchange for one year return of service commitments, individuals requiring upgrades to their nursing education can also receive up to $2,000 to assist with the costs of refresher courses.
- In 2000, to improve the image of nursing and promote nursing as a profession, Manitoba Health allocated funding to the University of Manitoba Faculty of Nursing to launch an aggressive two-year recruitment and advertising campaign.
- In 2000, 100 nursing positions (65 RN and 35 LPN) were allocated under the Provincial Nominee Program.

Impact:

Improved nursing supply is evidenced by enrolment to nursing education programs, graduates, recruitment and changes in the Manitoba nursing workforce.

Enrolments:

Total enrolments to nursing education programs have more than doubled, while programs continue to be fully subscribed.

Table 1: Numbers of Students Enrolled by Program

Source: Council on Post-Secondary Education, 2005

Nursing Education Program	2004/05	1999/00
U of M BN	1,591	910
RRC Accelerated Diploma	239	0 (no program)
CUSB Diploma Nursing	76	0 (no program)
BU – BScN	131	0 (no program)
RPN all sites	192	101
LPN	256	199
Upgrading programs for existing nurses	248*	Data Not Available
Total	2,733	1,210

* Includes post baccalaureate, distance and education courses for BN credit.

Graduates:

As a result of increasing the number of nursing education seats, the number of graduates has more than tripled since 1999. There were a total of 669 graduates in 2004.

Recruitment:

The Nurses Recruitment and Retention Fund and the regional health authorities continue to successfully attract nurses into the Manitoba workforce. As of March 31, 2005:

- 63 rural vacancies had been filled (57 RNs, 6 RPNs) and the Conditional Grant Program had provided $252,000 as incentives to recruit nurses to the rural and northern regional health authorities (RHAs), in addition to retaining Manitoba's nursing graduates.
- 828 nurses (697 RNs, 23 RPNs, 108 LPNs) had accepted nursing positions for a minimum one-year duration and received relocation assistance.
- 444 nurses (325 RNs, 17 RPNs, 102 LPNs) had received funding to assist with the costs of refresher courses and committed to work as nurses in Manitoba for a minimum of one year.

Nursing Workforce:

As a result of the above initiatives targeted to increase the supply of nurses, the number of practicing nurses in Manitoba has increased since 1999. Based on data supplied by the nursing regulatory colleges in 2004, there are 1,204 more nurses practicing in Manitoba.

Table 2: Total Practicing Nurses by Year

Year	RN Total Practicing	RPN Total Practicing	LPN Total Practicing	All Nurses Total Practicing
1999	10,792	1,037	2,263	14,092
2000	10,820	1,028	2,327	14,175
2001	10,827	1,013	2,410	14,250
2002	11,072	996	2,486	14,554
2003	11,353	992	2,626	14,971
2004	11,624	984	2,688	15,296

Nursing Vacancies:

While the numbers of nurses and overall positions have increased, the proportion of permanent positions vacant has declined.

Table 3: Provincial Vacancy Rates by Year

Nursing Positions by Classification	Permanent and Term Positions Vacant 2000	Permanent and Term Positions Vacant 2001	Permanent and Term Positions Vacant 2002	Permanent and Term Positions Vacant 2003	Permanent and Term Positions Vacant 2004
RN	853	1,213	1,284	891	639
RPN	44	69	106	91	64
LPN	145	136	197	139	99
HCA	362	431	488	385	309
Total Vacancies	1,404	1,849	2,075	1,506	1,111
Total Positions	16,811	17,935	18,369	18,161	18,498
Vacancy Rate	8.4%	10.3%	11.3%	8.3%	6.0%

Since 2000, nursing vacancy data collected annually by the regional health authorities has been submitted to the Workforce Policy and Planning Branch, Manitoba Health.

In the 2004 survey, the permanent position data collection was revised to include term positions that are required due to a leave of absence (LOA) of the permanent employee (term LOA positions are a subgroup of the permanent positions). In the previous vacancy surveys, the vacant term LOA positions were collected and reported separately from the vacant permanent positions. The vacancy numbers in Table 3 for 2000 to 2003 includes the vacant term LOA positions in order to have reporting consistency with the 2004 nursing vacancy survey. Refer to Appendices A, B and C for more detailed reporting, definitions and information regarding the 2002, 2003 and 2004 nursing vacancies.

Strategy No. 2: IMPROVING ACCESS TO STAFF DEVELOPMENT

Actions:

Increased opportunities for nurses' professional and personal development have been facilitated through the collaboration of RHAs, Manitoba Nurses Union (MNU) and Manitoba Health.

- Since 2001, the Nurses Recruitment and Retention Fund has allocated more than $5.8 million to the regional health authorities to support nurses' continuing education.
- Examples of educational initiatives attended by nurses include specialty certifications, conferences, workshops and university courses.
- Nurses may access these funds by contacting their regional continuing education committees.

Table 4: Continuing Education Allocations by RHA

Regional Health Authority (RHA)	Total Allocations Approved 2001-2005
Assiniboine RHA	$381,292
Brandon RHA	$385,785
Burntwood RHA	$124,428
Central RHA	$521,524
Churchill RHA	$20,250
Interlake RHA	$436,985
North Eastman RHA	$153,600
Norman RHA	$120,260
Parkland RHA	$237,544
South Eastman RHA	$200,632
Winnipeg RHA	$3,279,770
Total Funding:	$5,862,070

Impact:

Nursing stakeholders indicate that staff development is important to nurses and supports retention, workplace morale and the quality of patient care.

Strategy No. 3: IMPROVING UTILIZATION OF NURSES

Actions:

Key nursing stakeholders have engaged in a variety of activities to enhance the utilization of nurses within Manitoba.

- On April 1, 2005, a new regulation was passed to allow registered nurses who meet the qualifications outlined by the College of Registered Nurses of Manitoba (CRNM) to independently order diagnostic tests, prescribe drugs and perform certain medical procedures. These registered nurses extended practice (RNEP) will address gaps in the health-care system, add to current services, augment nursing expertise and increase public access to health care.
- A provincial joint committee with membership from urban/rural regional health authorities and the Manitoba Nurses Union, was established from the 2002 round of collective bargaining with the MNU to address the issue of full-time/part-time (FT/PT) nursing staff ratios. In February 2004, all parties agreed full-time positions should be increased through a process of attrition.
- In 2001, the College of Licensed Practical Nurses of Manitoba (CLPNM) was funded to explore the feasibility of utilizing LPNs in operating rooms and dialysis units. The report was approved by the CLPNM in 2004.
- Health Sciences Centre (HSC) conducted a pilot project to re-introduce LPNs to surgical units. The pilot was successful and LPN positions were made permanent on the two units involved.
- RHAs have been encouraged to utilize more LPNs in acute care settings, including tertiary centres.

Impact:

Nurses are being utilized to a greater extent in the health system and the proportion of full-time positions is increasing through attrition.

- The RNEP register will come into effect June 15, 2005, to coincide with the availability of a national nurse practitioner competency exam developed by the Canadian Nurses Association. The CRNM is anticipating approximately 50 applicants for the new register.
- The regional health authorities agreed to gradually increase full-time positions by:
  - Creating full-time positions out of vacancies when possible.
  - Enhancing rotations to better meet patient needs, where deletions are not required.
  - Creating relief pools until more full-time jobs are available, to decrease reliance on part-time staff working extra shifts and over-time.
  - Reducing the creation of positions of 0.4 equivalent full-time (EFT) or less.
  - Continuing to locate full-time positions for those nurses wanting them.

- Since 2003, the percentage of full-time nursing positions for RNs, RPNs and LPNs has increased.

Table 5: 2004 Provincial Permanent Nursing Positions

Nursing Classification	Number of Full-Time Positions (1.0 EFT)	Total Number of Positions	Percentage of Positions Full-Time
RN	3,753	8,515	44%
RPN	417	651	64%
LPN	633	1,980	32%
HCA	2,904	7,352	40%
Total:	7,707	18,498	42%

Table 6: 2003 Provincial Permanent Nursing Positions

Nursing Classification	Number of Full-Time Positions (1.0 EFT)	Total Number of Positions	Percentage of Positions Full-Time
RN	3,445	8,459	41%
RPN	405	631	64%
LPN	576	1,935	30%
HCA	2,803	7,136	39%
Total:	7,229	18,161	40%

Strategy No. 4: IMPROVING WORKING CONDITIONS

Action:

The Minister of Health established the Worklife Task Force in March 2000. The mandate of the task force was to examine issues impacting nurses' workplace environments and affecting working conditions. The report of the Worklife Task Force was released in June 2001. The recommendations of the task force were successful due to the contributions of direct care nurses and employers.

- In 2004, a policy was developed and approved by the Joint Nursing Council to protect nurses from violence in the workplace. The policy ensures that all RHAs and health facilities in Manitoba have both a zero-tolerance policy prohibiting violence in the workplace as well as appropriate measures to protect nurses from violence in the workplace.
- In 2003, as a result of the Worklife Task Force Report, the Joint Nursing Council identified safety and security as a top priority. There was $700,000 earmarked from the nursing strategy budget to improve nurse's working environments throughout Manitoba. This one-time allocation of funds was distributed among regional health authorities based on the proportions of nurses in each region. Letters were sent to Chief Executive Officers of the RHAs, requesting each region designate a working group composed of a minimum of 50 per cent front-line nurses. The working groups were asked to evaluate local issues of workplace safety and develop proposals of equipment needs to enhance environmental well-being. The funds were intended to support safety and security measures often overlooked in the allocation of other equipment funding.
- In 2001, $500,000 was provided to install piped-in oxygen and suction equipment in the Women's Hospital at HSC. The installed oxygen makes it easier for nurses to provide post-operative care at the Women's Hospital, and leaves more time to focus on bed-side patient care. Before the installation of piped-in gases, portable oxygen tanks and suction machines had to be physically moved around the surgical unit. Nurses indicated portable oxygen was awkward and potentially hazardous to both staff and patients.
- In 2000, $1.5 million was allocated to the WRHA, to acquire basic equipment identified by nurses as necessary for workplace improvements. Equipment such as IV pumps, wheelchairs, blood pressure devices, IV poles, commodes and oximeters were purchased. The equipment was allocated to acute care and long-term care facilities throughout the WRHA.

Impact:

Working conditions are being addressed through policy and funding initiatives.

- All RHAs and health facilities in Manitoba have a zero-tolerance policy prohibiting violence against nurses in the workplace.

- The safety and security funding assisted with a wide variety of regional purchases. Nursing stakeholders indicate that having the necessary equipment to provide care is important, and promotes the retention and morale of nurses, as well as contributes to quality care.

Table 8: Safety & Security Fund Regional Distributions

Regional Health Authority	Allocation	Purchases
Assiniboine	$43,680	Cordless phones; walkie talkies; sharps containers; safety kits; luggage carriers
Brandon	$44,030	Security, lighting and alarms; CPR masks/shields; cell phones; winter survival kits
Burntwood	$13,440	Satellite phones; lighting; portable battery booster packs
Central	$58,590	Slider boards; hand-held radios; lighting; education for aggression management; winter survival and first aid kits, electronic lifts; magnetic door holders; security camera
Churchill	$5,270	Ergonomic chairs; slider boards; safety floor mats; glove dispensers; mini-radios for night communication
N. Eastman	$17,710	Cell phones; dandy lift table; key pad and peephole; nurse bags; chairs; lighting; intercom; companion phones; electronic door releases; slides for client transfers; transfer belts
S. Eastman	$23,450	Winter survival kits; panic alarm system; portable phones; animal disabler
Interlake	$52,570	Lighting; gate; automatic door lock and touch pad; cell phones; panic buzzers; personal alarms
Norman	$13,720	Survival kits; pocket airways; cell phones; buzzer system; satellite phones; keyless entry system
Parkland	$26,530	Cell phones; satellite phone; vehicle keyless entry system; winter safety kits; improved lighting; non-violent crisis intervention training
Selkirk Mental Health Centre	$7,010	Two-way radios; ergonomic chairs
Winnipeg	$394,000	Cell phones; violence in the workplace education

Strategy No. 5: INCREASING INPUT INTO DECISION-MAKING

Action:

The Province of Manitoba has made it a priority for nurses' voices to be heard. Nurses have opportunities to be involved in decisions that affect their careers through the establishment of a number of forums. Additionally, legislation has been amended to enable nurses to participate on the boards of regional health authorities and health facilities.

Joint Nursing Council (JNC)

- The JNC is chaired by the Minister of Health, and was established during negotiations with MNU in 2002. Council membership includes MNU, urban and rural regional health authorities, and government. The first JNC meeting was held in February 2003, and the committee met seven times each year in 2003 and 2004.
- The council addresses matters such as working conditions, recruitment and retention, improving patient care, and promoting efficient management within the health system. Topics that have been raised for discussion and action include the work of the Provincial Joint Committee on Full-time/Part-time Nursing Staff Ratios; reporting of overtime statistics; issues pertaining to food services in health care facilities; emergency room (ER) staffing; violence in the workplace; and costs related to post-exposure prophylaxis (PEP) protocols.
- One of the first recommendations of the JNC was to allocate funds to the regional health authorities to address workplace safety. Based on this recommendation, one-time funding in the amount of $700,000 was allocated to the Safety and Security Fund in March 2003, to support initiatives to make nurse's work environments safer.

Manitoba Nursing Advisory Council (MNAC)

- MNAC was established in June 2001. Membership includes representatives from nursing educational institutions; nursing regulatory bodies; unions representing nurses and nursing support staff; regional health authorities; Manitoba Advanced Education and Training; Manitoba Education, Citizenship & Youth; and Manitoba Health.
- Under direction from the Minister of Health, MNAC provides comprehensive expert advice on nursing matters, reviews options to address nursing issues, and supports the implementation of the Manitoba Nursing Strategy.
- MNAC is required to meet a minimum of four times per year. The council met three times in 2001, seven times in 2002, six times in 2003 and four times in 2004.
- Since 2001, the review and actions recommended by the Worklife Task Force Report have been prioritized. The most recent activity related to the Worklife Task Force Report was the development of a questionnaire that was distributed to the regional health authorities. Responses to the questionnaire were received in December 2003.
- The work of the MNAC is consistent and parallel to the national direction provided by Health Canada. At the March 5, 2004 meeting, the council reviewed and discussed 23 of the 51 recommendations in the 2002 Canadian Nursing Advisory Committee (CNAC) report, to respond to a national environmental scan on the implementation of the CNAC recommendations.

Provincial Joint Committee on Full-time/Part-time Nursing Staff Ratios

- Established during negotiations with MNU in 2002, employers worked collaboratively with nurses to determine a process for increasing full-time nursing positions.

Nurses Recruitment and Retention Fund

- Since 1999, the MNU, the regional health authorities and Manitoba Health have worked in partnership to enhance the delivery of health services in Manitoba, by addressing issues related to nursing supply.

Impact

Nurses have become more involved and provide input into the health care decisions that affect their careers and work-life, at both government and organizational levels.

Appendices

APPENDIX A: Nursing Vacancies as Reported by RHAs (2002)

E.F.T.	# Permanent Positions				# Permanent Positions Vacant				# Term Positions Vacant			
	RN	RPN	LPN	HCA	RN	RPN	LPN	HCA	RN	RPN	LPN	HCA
1.0	3,629	386	608	2,759	330	26	22	41	102	21	14	48
0.9	52	1	31	118	5	0	1	5	1	0	0	1
0.8	632	51	133	401	45	1	5	9	38	0	1	6
0.7	930	47	268	779	121	1	9	27	31	2	11	18
0.6	730	30	177	673	71	2	7	29	50	3	7	24
0.5	1,358	54	217	728	126	1	9	22	87	7	11	24
0.4	727	21	264	1,103	97	2	51	65	41	2	18	61
0.3	203	7	43	188	38	2	5	21	14	9	2	6
0.2	300	26	66	485	51	10	17	56	14	14	5	16
0.1	89	1	17	37	12	3	1	6	10	0	1	3
Total Positions	8,650	624	1,824	7,271	896	48	127	281	388	58	70	207
Total EFT	6,370	521	1,278	5,097	622	33	67	144	252.9	34.0	41.1	122.4

APPENDIX B: Nursing Vacancies as Reported by RHAs (2003)

E.F.T.	# Permanent Positions				# Permanent Positions Vacant				# Term Positions Vacant			
	RN	RPN	LPN	HCA	RN	RPN	LPN	HCA	RN	RPN	LPN	HCA
1.0	3,445	405	576	2,803	203	35	25	33	81	6	6	22
0.9	71	3	49	96	3	0	0	1	2	0	0	0
0.8	688	44	157	399	30	1	3	4	23	0	1	12
0.7	903	48	306	789	80	1	4	22	26	0	6	20
0.6	724	26	212	683	39	2	5	20	16	0	2	15
0.5	1,320	51	209	702	95	8	6	23	62	3	2	23
0.4	685	25	282	1,050	78	2	50	61	31	3	8	31
0.3	203	9	52	187	27	1	5	14	6	9	0	7
0.2	322	17	71	390	52	6	15	55	20	11	0	20
0.1	98	3	21	37	14	2	1	2	3	1	0	0
Total Positions	8,459	631	1,935	7,136	621	58	114	235	270	33	25	150
Total EFT	6,195	534	1,336	5,080	408	44	61	117	179	14	17	85

Note: In 2003, the Manitoba Nursing Labour Market Supply Report provided vacancy numbers in two separate releases. The initial release of nursing vacancy numbers was for permanent positions only. Subsequently, information on the number of term positions was requested and this information was the second release of nursing vacancy data for 2003. The 2003 total number of nursing vacancies are included in the 2004 Nursing Labour Market Supply Report as noted in Table 3 to reflect the total data as released the year before.

APPENDIX C: Nursing Vacancies as Reported by RHAs (2004)

E.F.T.	# Permanent Positions				# Permanent Positions Vacant				# Term Positions Vacant			
	RN	RPN	LPN	HCA	RN	RPN	LPN	HCA	RN	RPN	LPN	HCA
1.0	3,753	417	633	2,904	193	39	19	55	16	0	2	2
0.9	58	6	33	110	6	1	0	1	0	0	0	2
0.8	634	43	155	436	40	1	3	5	1	0	1	0
0.7	878	46	300	814	69	2	4	26	1	0	0	12
0.6	745	35	237	697	51	4	8	27	9	0	0	10
0.5	1,202	51	226	730	121	7	8	34	13	0	3	7
0.4	662	26	267	1,058	78	1	27	91	4	1	2	5
0.3	179	4	49	182	21	1	8	19	1	0	0	2
0.2	311	21	66	381	46	7	20	40	0	0	0	1
0.1	93	2	14	40	14	1	2	11	0	0	0	0
Total Positions	8,515	651	1,980	7,352	639	64	99	309	45	1	8	41
Total EFT	6,271.9	552.8	1,388	5,262.8	414.7	50.2	50.4	162.5	31.3	0.4	5.1	24.5

Note: Permanent positions are the number of budgeted permanent positions in a RHA. Term positions are the number of budgeted term positions that have been created solely for managerial/infrastructural purposes. Term positions that are required to cover budgeted permanent positions due to a leave of absence of the permanent employee are a sub-group of permanent positions. The 2004 Nursing Survey did not identify term LOA positions separately from the permanent positions as done with previous surveys since they are included as part of the permanent positions data collection.